

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-370)**

SERIAL NO.

**10/516877**

FILING DATE

APPENDIX (A)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	REP.	IND.	REP.	IND.	REP.
1						
2						
3		2				
4						
5						
6		2				
7		2				
8		2				
9		2				
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23		3				
24						
25						
26						
27		3				
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL REP.		34				
TOTAL CLAIMS		36				

	A		B		C	
	IND.	REP.	IND.	REP.	IND.	REP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL REP.						
TOTAL CLAIMS						

PTO-1589 (2-78)

MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT OF COMMERCE